

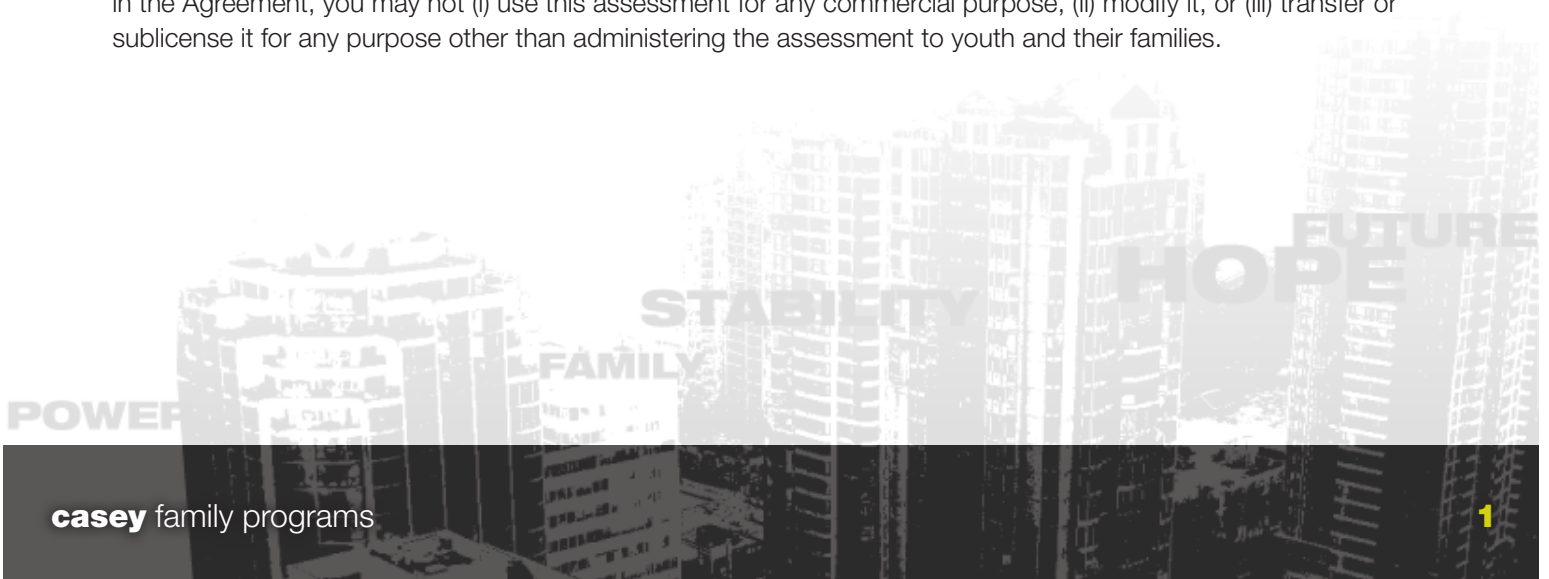


The Casey Life Skills Assessment (CLSA) is a multiple-choice questionnaire that measures independent living skills in a number of functional areas for youth. The CLS Supplement - Youth Assessment Level 1 is designed for younger youth that are in the elementary age group of 5-11 years. The assessment has four areas (i) Daily Living, (ii) Self Care, (iii) Communication, and (iv) Work and Study Skills.

The Casey Life Skills Toolkit, which includes the full suite of CLS Assessments, Practitioners Guide and Resources to Inspire Guide, is hosted at:

www.casey.org/casey-life-skills/

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Date (mm/dd/yy) _____

Name _____

Birthdate (mm/dd/yyyy) _____

Gender Identity

- | | | |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Male | <input type="checkbox"/> Two-Spirit |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Female | <input type="checkbox"/> Non-binary |
| | | <input type="checkbox"/> Other _____ |

Sexual Orientation

- | | | |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Gay | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual | <input type="checkbox"/> Heterosexual/Straight |
| <input type="checkbox"/> Queer | <input type="checkbox"/> Questioning | <input type="checkbox"/> Prefer not to say |
| | | <input type="checkbox"/> Other _____ |

Pronouns

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> She, Her, Hers | <input type="checkbox"/> Ze, Hir | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> He, Him, His | <input type="checkbox"/> They, Them, Theirs | |

Race

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> American Indian/ Alaska Native | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Biracial | <input type="checkbox"/> Multiracial | <input type="checkbox"/> White |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Asian | |

Latinx/Hispanic

- | | | |
|--|--|---|
| <input type="checkbox"/> No, Not Hispanic, Latinx | <input type="checkbox"/> Yes, Salvadoran | <input type="checkbox"/> Yes, Honduran |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Dominican | <input type="checkbox"/> Yes, Ecuadorian |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Guatemalan | <input type="checkbox"/> Yes, Peruvian |
| <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Yes, Colombians | <input type="checkbox"/> Yes, Other Hispanic Latino |

Religious/ Spiritual Affiliation

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Hindu | <input type="checkbox"/> No religious/ Spiritual affiliation |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Baha'i | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Atheist | |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Agnostic | |

Primary Language

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | |

Secondary Language

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | |

Do you have a documented disability?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|



DAILY LIVING SKILLS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I can give directions to where I live.					
2.	I know if I get the right change back at the store.					
3.	I know what something costs before I buy it.					
4.	I know how to get information on the internet safely.					
5.	I help make family meals.					
6.	I know the risk of meeting someone in person that I met online.					
6.	If someone sent me a message online that made me feel upset or scared, I would know who to tell.					
7.	I help make family meals.					
8.	I can find my city or town on a map.					
9.	When I shop, I make a list and compare prices.					
10.	I can fix meals for myself.					
11.	I can lock doors and windows where I live.					
12.	I can set the alarm systems on and off where I live.					
13.	I put dirty clothes in the laundry.					



SELF CARE SKILLS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I know how to practice personal hygiene (e.g., bathing, brushing, flossing).					
2.	I understand what happens if you smoke.					
3.	I can tell why you should not use drugs.					
4.	I can tell how to prevent AIDS.					
5.	I can call 911 or '0' in case of an emergency.					
6.	I can tell how to use the fire extinguisher where I live.					
7.	I can tell how girls get pregnant.					
8.	If I don't want to be touched, I can say "no."					

COMMUNICATION

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I can ask a trusting adult to speak up for me.					
2.	I ask for help when I need it.					
3.	I can deal with my hurt and anger without hurting others or breaking things.					
4.	I tell my problems to an adult.					

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
5.	I use good manners when I eat.					
6.	I pay attention when others talk.					
7.	I am polite to adults.					
8.	I tell others how I feel.					
9.	I return what I borrow.					
10.	I stay out of trouble.					
11.	I help others.					

WORK AND STUDY SKILLS

	Are the following statements like me	Yes	Mostly Yes	Somewhat	Mostly No	No
1.	I work well with others.					
2.	I get my work done on time.					
3.	I work well by myself.					
4.	I ask for help for my school work when I need it.					
5.	I check over my school work.					
6.	I follow directions for my work					
7.	I think about how my choices affect others.					
8.	I can complete my work on a computer.					